

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Area Democrats

IMPORTANT: Indicate by # type of committee you are reporting for: 02

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

9703

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Barbara A. Loefer

SIGNATURE OF PERSON FILING REPORT

515-964-0292

TELEPHONE

1-19-08

DATE SIGNED

I AM FILING A JULY 1 2007 TO DEC 31, 2007 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 12,551.53

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,126.69

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 6,382.22

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3,749.32

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 2,632.90

**UNPAID BILLS (From Schedule D - Attach Schedule D)

N/A

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

1,248.31

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

N/A

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

ANKENY AREA DEMOCRATS

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7-1-07	ID# CK#	VERIDIAN INTEREST 410 N. ANKENY BLVD ANKENY, IA 50021		\$.23¢	<input type="checkbox"/>
7-15-07	ID# CK#	CHAR TEED - (EFT) 2301 S.W. ORALABOR RD #97 ANKENY, IA 50023		25. ⁰⁰	<input type="checkbox"/>
7-14-07	ID# CK#	SUMMERFEST BBQ		501. ⁰⁰	<input checked="" type="checkbox"/>
7-14-07	ID# CK#	SUMMERFEST AUCTION		360. ⁰⁰	<input checked="" type="checkbox"/>
7-25-07	ID# CK#	PASS HAT AT AAD MEETING		60. ⁰⁰	<input type="checkbox"/>
7-25-07	ID# CK#	GARY NETOLICKY 9244 N.W. 16 TH ST ANKENY, IA 50023		25. ⁰⁰	<input type="checkbox"/>
7-29-07	ID# CK#	T. SHIRT SALE		15. ⁰⁰	<input checked="" type="checkbox"/>
8-3-07	ID# CK#	DAVID BINDER DONATION 2717 S.W. 2 ND ST. ANKENY, IA 50021		1,000. ⁰⁰	<input type="checkbox"/>
8-1-07	ID# CK#	VERIDIAN C.U. INTEREST		.32¢	<input type="checkbox"/>
8-15-07	ID# CK#	CHAR TEED (EFT) 2301 S.W. ORALABOR RD #97 ANKENY, IA 50023		25. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$2011. ⁵⁵	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

ANKENY AREA DEMOCRATS

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8-6-07	ID# CK#	GARAGE SALE INCOME		\$752 ⁰⁰	<input checked="" type="checkbox"/>
8-23-07	ID# CK#	PASS HAT AT AAD MEETING		148 ⁰⁰	<input type="checkbox"/>
9-1-07	ID# CK#	VERIDIAN C.U. INTEREST		.51¢	<input type="checkbox"/>
9-15-07	ID# CK#	CHAR TEED (EFT) 2301 S.W. ORALABOR RD #97 ANKENY, IA 50023		25 ⁰⁰	<input type="checkbox"/>
9-15-07	ID# CK#	BASKET DONATION AT DODD EVENT		71 ⁰⁰	<input checked="" type="checkbox"/>
9-19-07	ID# CK#	PASS HAT AT AAD MEETING		54 ⁰⁰	<input type="checkbox"/>
9-19-07	ID# CK#	SANDI STODGILL 2509 N.W. MAPLE ST. ANKENY, IA 50023		\$50.00	<input type="checkbox"/>
10-1-07	ID# CK#	VERIDIAN CU INTEREST		.50¢	<input type="checkbox"/>
10-15-07	ID# CK#	CHAR TEED (EFT) 2301 S.W. ORALABOR RD #97 ANKENY IA 50023		25 ⁰⁰	<input type="checkbox"/>
10-17-07	ID# CK#	PASS HAT AT AAD MEETING		95 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$1221.09

TOTAL (if last page of this schedule)

\$

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

**MONETARY
RECEIPTS**

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Area Democrats

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-4-07	ID# CK#	BASKET DONATIONS AT MRS. EDWARDS EDENT		\$ 116 ⁰⁵	<input checked="" type="checkbox"/>
10-2-07	ID# CK#	PAY PAL - WEB SITE - NEW DEPOSIT TO VERIFY C.U. ACCT.		, 084	<input type="checkbox"/>
10-2-07	ID# CK#	PAY PAL - WEB SITE - NEW DEPOSIT TO VERIFY C.U. ACCT.		, 134	<input type="checkbox"/>
11-1-07	ID# CK#	VERIDIAN C.U. INTEREST		, 34	<input type="checkbox"/>
11-8-07	ID# CK#	PASS HAT AT AAD MEETING		71 ⁰⁰	<input type="checkbox"/>
11-15-07	ID# CK#	CHAR TEED (CFT) 2301 S.W. ORALABOR RD #97 ANKENY, IA 50023		25 ⁰⁰	<input type="checkbox"/>
12-1-07	ID# CK#	VERIDIAN C.U. INTEREST		, 294	<input type="checkbox"/>
12-5-07	ID# CK#	BAND SOLIER 320 N 2312 th ST ANKENY, IA 50021		\$ 25 -	<input type="checkbox"/>
12-5-07	ID# CK#	PASS HAT AT AAD MEETING		\$ 43 ⁰⁰	<input type="checkbox"/>
12-15-07	ID# CK#	CHAR TEED (CFT) 2301 S.W. ORALABOR RD #97 ANKENY, IA 50023		25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$305⁸⁹

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Area Democrats

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12-15-07	ID# CK#	BARB SORLIE 320 NE 31 ST ANKENY, IA		\$ 50 ⁰⁰	<input type="checkbox"/>
12-15-07	ID# CK#	BASKET DONATIONS AT CAUCUS INFO WORKSHOP		13 ⁰⁰	<input type="checkbox"/>
	ID# CK#	CAMPAIGN CHEST ^{CC} ACCT. BELOW			<input type="checkbox"/>
7-25-07	ID# CK#	RAY BLASE 913 NE 34 TH ST ANKENY, IA 50021	CC	50 ⁰⁰	<input type="checkbox"/>
7-26-07	ID# CK#	ARVID OLIVER 1709 NE LOWELL CT ANKENY, IA 50021	CC	100 ⁰⁰	<input type="checkbox"/>
7-31-07	ID# CK#	BANDAG SORLIE 320 NE 31 ST ANKENY, IA 50021	CC	\$ 50-	<input type="checkbox"/>
8-24-07	ID# CK#	RAY BLASE 913 NE 34 TH ST. ANKENY, IA 50021	CC	\$ 50	<input type="checkbox"/>
9-1-07	ID# CK#	VERIDIAN CU INTEREST	CC	.04¢	<input type="checkbox"/>
10-1-07	ID# CK#	VERIDIAN CU INTEREST	CC	.04¢	<input type="checkbox"/>
10-17-07	ID# CK#	RAY BLASE 913 NE 34 TH ST ANKENY, IA 50021	CC	75 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$388.08

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Ankeny Area Democrats*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-1-07	ID# CK#	VERIDIAN INTEREST CC		\$.044	<input type="checkbox"/>
11-8-07	ID# CK#	RAY BLASE CC 913 NE 34th ST ANKENY, IA 50021		50.00	<input type="checkbox"/>
12-1-07	ID# CK#	VERIDIAN C.U. CC INTEREST		104.4	<input type="checkbox"/>
12-7-07	ID# CK#	BARBARA SORLIE CC 320 NE 31st ANKENY, IA 50021		150.00	<input type="checkbox"/>
12-19-07	ID# CK#	DAVID BINDER 2717 S.W. 2nd ST. ANKENY, IA 50023		1,000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1200.00

TOTAL (if last page of this schedule)

\$5126.69

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Area Democrats

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-5-07	ID# CK# 1046	Ankeny Price Citizen 106 E 1st ST ANKENY IA 50021	SUMMERFEST AD	\$ 232 ⁵⁰
7-6-07	ID# CK# 1050	ANKENY REGISTER P.O. BOX 4826 D.M. IA 50306	SUMMERFEST AD	64 ⁰⁰
7-16-07	ID# CK# 1051	MARY OLIVER 1709 N.E. LOWELL CT ANKENY, IA 50021	SUMMERFEST MUSIC	150 ⁰⁰
7-17-07	ID# CK# 1052	DAHL'S 1802 N. ANKENY BLVD ANKENY, IA 50023	POSTAGE STAMPS FOR NEWSLETTER	57 ⁴⁰
7-29-07	ID# CK# 1053	CLEAR CHANNEL OUTDOOR ADVERTISING 3101 S.W. 61st ST D.M., IA 50321	RENT- OUTDOOR SIGN FOR NOV 2008 ELECTION	1,185 ⁰⁰
9-20-07	ID# CK# 1055	CARTER PRINTING 1739 E. GRAND AVE D.M., IA 50316	BANNERS, POSTERS, NOTE PADS	805. ⁶⁰
9-20-07	ID# CK# 1056	POST MASTER ANKENY, IA 50021	ANNUAL BOX RENTAL	36 ⁰⁰
9-28-07	ID# CK# 1058	CARTER PRINTING 1739 E. GRAND AVE DES MOINES, IA 50316	REFRIGERATOR MAGNETS	243 ⁸⁰
SUB-TOTAL				\$ 2774 ³⁰
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

 Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD. CAMPAIGN CHEST = CC

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

ANKENY AREA DEMOCRATS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-18-07	ID# CK# 1059	CURE 4 LUPUS.ORG 7711 AIRLINE AVE URBANDALE, IA 50322	AAD - WEBSITE DESIGN & SET UP	\$525 ⁰⁰
10-31-07	ID# CK# 1060	NEVELN CENTER 306 S.W. SCHOOL ANKENY, IA 50023	ROOM RENT ELIZABETH EDWARDS EVENT	50. ⁰⁰
11-15-07	ID# CK# 1062	ANKENY POST OFFICE 1011 N. ANKENY BLVD ANKENY, IA 50021	STAMPS FOR NEWSLETTER	82 ⁰⁰
12-4-07	ID# CK# 1063	CARTER PRINTING 1739 E. GRAND AVE D.M., IA 50316	1,500 BROCHURES INFO ON AAD	230. ⁰⁰
12-7-07	ID# CK# 1064	NEVELN CENTER 306 S.W. SCHOOL ANKENY, IA 50023	ROOM RENT FOR CAUCUS WORKSHOP	75 ⁰⁰
8-3-07	ID# CK#	VERIDIAN C.U. - CC	LIBERTY CHECKS (AMT W/D FROM OUR ACCOUNT)	13.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 975.02

TOTAL (If last page of this schedule) \$ 3249.32

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Area Democrats

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7-7-07	Mary Oliver 1709 N.E. Lowell Ct Ankeny, IA 50021		Pd. Cost of Newsletter	\$ 12.00	<input type="checkbox"/>
7-13-07	Avoid & Mary Oliver 1709 N.E. Lowell Ct Ankeny, IA 50021		Paper product supplies for Summerfest BBQ	\$23.64	<input checked="" type="checkbox"/>
7-13-07	Barbara Lorie 320 W 31st St. Ankeny, IA 50021		Postage Stamps for Treasurers BBQ	8.20	<input type="checkbox"/>
7-13-07	Rob Tucker 3111 S.W. 24th St. Ankeny, IA 50023		Summerfest BBQ Pork & Watermelon	95.42	<input checked="" type="checkbox"/>
7-14-07	Ray Blase 913 N.E. 34th St. Ankeny, IA 50021		Summerfest BBQ Hamburgues. Brats, Buns	\$ 70.00	<input checked="" type="checkbox"/>
7-14-07	Gary Netolichy 9244 16th St Ankeny, IA 50023		Summerfest BBQ - Pop- Water Ice & Clips	39.05	<input checked="" type="checkbox"/>
8-1-07	Rob Tucker 3111 S.W. 24th St. Ankeny, IA 50023		Clean Channel Sign (outdoor) Cost of 2008 Election	\$ 1,000	<input type="checkbox"/>
11-4-07	Gary Netolichy 9244 16th St Ankeny, IA 50023		Coffee & water donated for Edwards Event	\$ 10 -	<input checked="" type="checkbox"/>
12-15-07	Gary Netolichy 9244 16th St Ankeny, IA 50023		Coffee & water donated for Caucus Info Meeting	\$ 10 -	<input checked="" type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1268³¹TOTAL (if last
page of this
schedule) \$ 1268³¹

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)